

*Title 16, California Code of Regulations Section 1870.1 requires all associate clinical social workers and licensed clinical social workers or licensed mental health professionals acceptable to the Board as defined in Section 1874 who assume responsibility for providing supervision to those working toward a license as a Clinical Social Worker to complete and sign the following supervisory plan. The original signed plan shall be submitted by the Associate Clinical Social Worker to the board within 30 days of commencement of supervision.*

**I. ASSOCIATE: (Please type or print clearly in ink.)**

NAME:	LAST	FIRST	MIDDLE	ASW NUMBER
ADDRESS: NUMBER AND STREET				
CITY		STATE	ZIP CODE	
BUSINESS TELEPHONE ( )			RESIDENCE TELEPHONE ( )	

**II. LICENSED SUPERVISOR: (Please type or print clearly in ink.)**

NAME:	LAST	FIRST	MIDDLE	LICENSE NUMBER	EXPIRATION DATE
EMPLOYER NAME:					
ADDRESS: NUMBER AND STREET				TELEPHONE NUMBER ( )	
CITY		STATE	ZIP CODE		
EMPLOYMENT SETTING:					
a. Private Practice . . . . .	<input type="checkbox"/>	e. Licensed Health Facility. . . . .		<input type="checkbox"/>	
b. Governmental Entity . . . . .	<input type="checkbox"/>	f. Social Rehabilitation Facility/Community Treatment Facility . . . . .		<input type="checkbox"/>	
c. Nonprofit and Charitable Corporation . . . . .	<input type="checkbox"/>	g. Pediatric Day Health and Respite Care Facility.. . . .		<input type="checkbox"/>	
d. School, College, or University . . . . .	<input type="checkbox"/>	h. Licensed Alcoholism or Drug Abuse Recovery or Treatment Facility . .		<input type="checkbox"/>	

BRIEFLY DESCRIBE THE GOALS AND OBJECTIVES

*I certify that I understand the responsibilities regarding clinical supervision, including the supervisor’s responsibility to perform ongoing assessments of the supervisee, and I declare under penalty of perjury under the laws of the State of California that the information submitted on this form is true and correct.*

SUPERVISOR’S SIGNATURE	DATE SIGNED
ASSOCIATE’S SIGNATURE	DATE SIGNED

The **original** of this form must be mailed to:  
Board of Behavioral Sciences  
400 R St. , Suite 3150  
Sacramento, CA 95814